

DEATH BENEFICIARY DESIGNATION/CHANGE FORM

Please fill out each section completely. **Return original signed copy to:**

LOSAP Administrator, MCFRS, 101 Monroe Street, 12th Floor, Rockville, MD 20850.

Provide one copy to your LFRD, and keep a copy for your personal records. Phone: 240-777-2428

1. Volunteer Information

(PLEASE PRINT CLEARLY USING BLACK INK)

| | | | |
|-------------------------------------|----|-----------------|------------------------|
| First Name | MI | Last Name | Social Security Number |
| Address | | City | State Zip Code |
| Email: | | Cell Phone No.: | |
| LFRD/Station: | | | |
| Name of Spouse or Domestic Partner: | | | |

2. Beneficiary Designation: I hereby revoke any previous designations of death benefit beneficiary, if any, and designate the following:

Death Benefit Beneficiary*

| | | | |
|------------|-----------------|-----------------|------------------------|
| First Name | MI | Last Name | Social Security Number |
| Address | | City | State Zip Code |
| Email: | Cell Phone No.: | Alt. Phone No.: | |

Line of Duty Death Benefit Beneficiary

| | | | |
|------------|-----------------|-----------------|------------------------|
| First Name | MI | Last Name | Social Security Number |
| Address | | City | State Zip Code |
| Email: | Cell Phone No.: | Alt. Phone No.: | |

Signature

Date

MCFRS volunteer must sign and date this form. The signature date must be the date the volunteer actually signed the form.

*Volunteers may name anyone or any entity as your death benefit beneficiary; must have 10 active Losap years to qualify for death benefit. Volunteers may change your beneficiary at any time by completing a new Beneficiary Designation/Change form. Payment will be made to the named beneficiary on file. Survivor benefit must be paid to a spouse or domestic partner.

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